

**CONTINGENCY PLAN
HEALTH AND HUMAN SERVICES AGENCIES**

Name – Agency Department of Health and Family Services		
Division / Office		
Bureau		
Address		
City	State WI	County

INSTRUCTIONS: It is advised that communication with your organization's local emergency management agency be done before designating an alternative emergency center.

Emergency Command Center	Secondary Site	
Name – Person Completing Plan		Date Completed
SIGNATURE – Executive Approval	Type or Print Name	Date Signed

SECTION A – PLAN DISTRIBUTION

List location and format of this plan to maintain control and security.

Name	Location of Plan	Format		
		Paper	Electronic	Other – Specify
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

SECTION B – PLAN DESCRIPTION

1. Business Functions

Briefly describe the **fatal/critical** business functions performed by your organization that are covered in this plan. These are functions that must occur to enable an organization to provide services to its customers, business partners or public infrastructure (power, water transportation, etc.).

2. Emergency Contacts

Identify telephone numbers of emergency contacts that may be needed in the event of an occurrence.

Emergency Contact	Telephone Number
Police	
Fire	911 or:
Ambulance	911 or:
Emergency Operations Center	
Utility: Gas / Electric	
Communication	
Water and Sewer	
Local Emergency Unit	
National Guard	

3. Personnel

Identify employees in your organizational unit and provide information on where/how each can be reached. (Include Temporary Employee/Consultants.) Refer to this list when completing the remaining steps. If payroll system reports are available that provide this information, arrange for periodic printouts of that information instead of completing this sheet manually.

Employee Name	Work Telephone	Home Telephone	Shift

3a. Emergency Management Team

Identify those individuals that are authorized to activate the contingency plan for a business function or organization. The purpose of this team is to provide immediate and ongoing coordination of the contingency and recovery processes during an interruption in service. List them in priority order. (Primary if first to declare, if primary is unavailable, the Team leader declares and if the Team Leader is unavailable, the Alternate Team Leader.)

Employee Name	Work Telephone	Home Telephone
Primary		
Team Leader		
Alternate Team Leader		

4. Business Function

4a. Identify each task and/or responsibility your organization routinely performs to complete the business functions identified in Section 1, the frequency you perform it and its Maximum Outage Time (MOT), maximum amount of time before task must be restored. This is specified in hours or days. The tasks will be further defined below.

[illegible]

Identify those tasks that could be temporarily suspended during an emergency and the duration of the suspension before the activity needs to be resumed.

[illegible]

Business Function / Task

4c. Notification Levels

Should a business function fail, effect and time of duration must be monitored to enable the outage to be elevated to the next severity level and appropriate action taken. For each function identify actions in the grid below. An example is provided in the sample.

SAMPLE:

Time	System Down	No Building Access	No System and No Building Access
1 DAY	Call Help Desk	Work From Home	Work From Home
7 DAYS	Manual Procedures	Activate Plan	Activate Plan
30 Days	Activate Plan	Activate Plan	Activate Plan
OVER 90 DAYS	Find Replacements	Find Replacements	Find Replacements

Time	System Down	No Building Access	No System and No Building Access
1 DAY			
7 DAYS			
30 Days			
OVER 90 DAYS			

4d. Call Tree

A Call Tree identifies who is notified at the time of an interruption to a function. It defines who is responsible for contacting specific team members. Telephone numbers should be obtained from the personnel list.

[illegible]

SECTION D – CONTINUATION AND RECOVERY

Note: This page should be duplicated for each business function. You may use form DMT-952A for this purpose.

Business Function / Task

5. Continuation / Recovery Planning

5a. Vital Supplies

Identify all supplies that will be needed to **continue/recover** fatal or critical business functions. These items can be forms, instructions, data, equipment, reference materials, food, medical supplies, etc. Indicate the location of and quantity needed and if supply is to be obtained from an internal or external source.

Description	Quantity / Location	Internal Resource	External Resource
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

5b. Applications, Software and Hardware

Identify all applications that are used to perform this business function. Identify any associated software or hardware that is required to run these applications. Software and hardware must be checked to ensure they are Y2K compliant and to identify any embedded chips that they may have.

SECTION D – CONTINUATION AND RECOVERY (Continued)

Note: This page should be duplicated for each business function. You may use form DMT-952A for this purpose.

Business Function / Task

5c. External Contacts

Identify all agencies, partners, or public infrastructures, which your organization must contact to **continue** critical or fatal operations. Also identify those groups or categories of agencies or partners or public infrastructures that an interruption to this business function affects.

Vendor / Agency Name	Address and Telephone Number

5d. Continuation Strategy

Describe the strategy for **continuing** your organization's functions. Include detailed instructions of responsibilities and actions to be taken by the recovery team members executing the strategy. If automated tasks are identified, describe manual recover procedures. Refer to tasks identified in Item 4. Include any special training for substitute workers.

	Responsible Team
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Strategy